P06000057439

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	· e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
;		
; (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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06/27/06--01012--001 **35.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

06 JUN 27 PM 3: 45

010 Resign. 07/06/06

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: TRUST HOME MORTGAGE, INC	
(Name of Corporation)	
DOCUMENT NUMBER: P06000057439	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	iling
Please return all correspondence concerning this matter to the following:	
CARINA PERALTA	
(Name of Person)	
TRUST HOME MORTGAGE	
(Name of Firm/Company)	
-14262 ISLAMORADA DR.	
(Address)	
ORLANDO FL 32837	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
CARINA PERALTA at (407) 908-5165 (Name of Person) (Area Code & Daytime Telephone Num	
(Name of Person) (Area Code & Daytime Telephone Num	er)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_I EDWARD PERALTA	, hereby resign as VICE-PRESIDENT		
**	, neroby rosign as	(Title)	
of_ Trust Home Mortgage, Inc.			······ ,
(Name	e of Corporation)		
P06000057439 (Document Number, if known)	, a corporation organized unde	r the laws of the State of	
Florida	<u></u> .		
	Signature of resigning officer/director	06 JUN 27 PM 3: 45	للمار لب
			XS.

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314